

MENTAL HEALTH PARITY PLAN DESIGN COMPARISON

CURRENT PLAN DESIGN			PARITY PLAN DESIGN			
Benefit	In Network	Out of Network	Benefit	PPO in Network	PPO Out of Network	Traditional
EAP	Five Visits per year	No Benefit	EAP	Five Visits per year	No Benefit	Five Visits per year
Mental Health Deductible (Separate from Medical Deductible)	\$150 Individual/\$300 Family	\$150 Individual/\$300 Family	Mental Health Deductible (No Separate Deductible)	\$250 Individual/\$750 Family	\$500 Individual/\$1,500 Family	\$350 Individual/\$1,050 Family
Inpatient Care	\$15 co-payment per Billable hour after Deductible	50% co-insurance per billable hour after deductible	Inpatient Care	Plan pays 85% of Allowable charges after deductible	Plan pays 70% of allowable charges after deductible	Plan pays 80% of allowable charges after deductible
Outpatient Care	\$25 co-payment per billable hour after Deductible	50% co-insurance per billable hour after Deductible	Outpatient Care	\$20 Copay for Office Visits All other charges: Plan pays 85% of allowable charges after Deductible	Plan pays 70% of allowable charges after Deductible	Plan pays 80% of allowable charges after deductible
Annual Maximum Benefit	200 Hours combined for all services		Annual Maximum Benefit Non SMI In Patient Care Out Patient	8 Days 30 visits	8 Days 30 visits	8 Days 30 visits